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ABSTRACT

This special issue of the "CEDS/Newsletter" is devoted to the theme of "preschool, early childhood, and infant assessment." It emphasizes the need for early assessment and intervention with young handicapped children. An article by Linda Pearl, "Issues in Infant Assessment," covers the purpose of infant assessment, the stability and continuity of development during infancy, the impact of fragile medical conditions on development, the limited responses which infants can use, and the effect of state change and exhaustion on assessment. Booney Vance's article on "Assessment of Preschoolers" describes the Individualized Family Service Plan and issues and roles for educational diagnosticians. "Some Cautions Regarding the Use of the Term Developmentally Delayed When Labeling Young Children," by Koress Kutsick, addresses concerns about utilizing specific handicapping labels for young children and the impact on parents of labeling. "Implications of P.L. 99-457 for the Educational Diagnostician: Some Issues and Concerns," by Ronald Taylor and Stephen Richards, outlines the difficulties in early identification of mild handicaps in preschool children, and lists a sampling of assessment instruments used with young children. (JDD)

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CEDS NEWSLETTER

COUNCIL FOR EDUCATIONAL DIAGNOSTIC SERVICES
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A Special Message

This special issue of the CEDS Newsletter is important for two reasons. First, this issue is edited by a guest editor, "Booney" Vance, Research Director of the Center for Early Childhood Learning and Development, East Tennessee State University, Johnson City, Tennessee. Booney has a broad experience in assessment/ evaluation, especially with handicapped children and youth.

Second, the topical nature of the Newsletter is extremely important. Research has found that early intervention with young handicapped children is much more effective in overcoming the disabling condition than delaying intervention. In order to provide proper guidance for early intervention, good assessment and diagnosis is needed. It is foolhardy to proceed with intervention without a proper evaluation. With this evaluation sound educational decisions can be made, resulting in a better educational program for the child, prepared better to proceed later in school, and better equipped to face life.

On a practical point, monies spent for early intervention are returned several times over. This has been found in many studies. There is more return on our investment for early intervention than postponing intervention.

This edition of the Newsletter will just touch the tip of the iceberg of preschool, early childhood and infant assessment. It is the aim of this edition to awaken the interest of CEDS members to the need for early assessment and intervention, present some of the issues involved with early assessment, and hopefully install a desire to gain further information about early assessment and intervention.

I want to extend my personal appreciation to Booney for assuming the guest editorship of this issue.

The next issue of the Newsletter will be the Convention report issue. I want to extend my personal appreciation to Tony Horn, who has been the Newsletter editor, but is now our governor.

Charles L. Nicholson

President Elect

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Issues in Infant Assessment

Linda F. Pearl Ph.D.
East Tennessee State University

The rapid growth of early intervention programs serving developmentally delayed infants has focused a great deal of attention on infant assessment. This is a relatively new area for most assessment professionals. There are a number of salient issues which should be considered by individuals assessing infants for developmental delay. These issues include: (1) the purpose of infant assessment; (2) the stability and continuity of development during infancy; (3) the impact of fragile medical conditions on development; (4) the limited responses which infants can use; and (5) the effect of state change and exhaustion on assessment. Each of these issues is discussed briefly. Also, a chart listing the more common infant assessment instruments is available from the author at ETSU, box 15,520A Johnson City, TN 37614.

Purposes of infant assessment

Until recently, the majority of assessment in special education has been focused on testing in the traditional psychometric sense. The tremendous growth of early intervention programs has highlighted

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ASSESSMENT OF PRESCHOOLERS

Booney Vance
East Tennessee State University

As guest editor for the fall issue of the Newsletter, I would like to pursue the first challenge issue by Jim Potet in the winter issue of the CEDS Newsletter (Volume 15, Page 1). Jim made reference to the assessment of preschool children. Bracken (1987) noted "that there are literally hundreds of preschool instruments that have crept into use, many of which are not sufficiently sound by any standards and should not be used for screening or assessing preschool children" (p. 325). Bracken went on to point out that considerable heed should be paid to the quality of preschool techniques and that few universities offer coursework on the assessment of preschool children. Paget (1985) concluded that the "most important issues in early childhood assessment revolve around the reliability and validity of the instruments and procedures used" (p. 81). She also indicated that the future of early childhood assessment will be highly influenced by instructional assessment with a decreased emphasis on pyschometric testing. Performance-based interviewing, assessment of learning potential, and strategies for intervention will perhaps characterize early childhood assessment.

Regardless, there will be a tremendous increase in preschool assessment mandated by public laws such as PL 99-457. Public Law 99-457 calls for early intervention services as well as complete assessment of eligible children.

Early Intervention Services

A multidisciplinary assessment and a written Individualized Family Service Plan must be developed by a multidisciplinary team and parents for each eligible child. These services which may be provided must be designed to meet developmental needs and may include special education speech and language pathology and audiology, occupational therapy, physical therapy, psychological services, parent and family training and counseling services, transition services, medical services for diagnostic purposes, and health services necessary to enable the child to benefit from other early intervention services. In addition, a case manager must be provided for every eligible child and his/her parents.

The Individualized Family Service Plan (IFSP)

The IFSP must contain: (a) a statement of the child's present levels of development (cognitive, speech/language, psychosocial, motor, and self help); (b) a statement of the family's strengths and needs relating to enhancing the child's development; (c) a statement of major outcomes expected to be achieved for the child and family; (d) the criteria, procedures, and timelines for determining progress; (e) the specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency and intensity of service; (f) the projected dates for the initiation of services and expected duration; (g) the name of the case manager; and (h) procedures for transition from early intervention into the preschool program.

The IFSP must be evaluated at least once a year, and must be reviewed every six months or more often where appropriate.

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Some Cautions regarding the Use of the Term Developmentally Delayed When Labeling Young Children

Koressa Kutsick
James Madison University

Professionals who work with handicapped preschoolers are currently advocating the use of the term "developmentally delayed" when young children are diagnosed as being in need of special educational services. Many state departments of education have adopted this policy and national organizations, such as the National Association of School Psychologists, have developed position papers to support this practice. There are merits for using the term developmentally delayed over more specific diagnostic categories, however, this practice can lead to some difficulties for parents once their child is eligible for kindergarten aged programs. The advantages of diagnosing a child with a generic handicapping condition involve overcoming the instability of developmental progress in young children and of infant and preschool assessment instruments. Most preschool intervention programs hope the educational experiences offered to a delayed preschooler will help that child overcome the need to be labeled with a more severe handicapping condition once they reach school age. It is also known that a preschooler's' development can change so quickly that a label obtained at age two may no longer be relevant at ages four or five. Professionals seem to prefer using terms such as "developmentally delayed" and "at risk" over more specific handicapping labels. One reason for this is that it is much easier to tell a parent their child is delayed, rather than handicapped. It is believed parents will

feel there is more hope for a child who is delayed rather than something as debilitating as say -- mentally retarded. In turn, parents may put more resources and energy into providing their child with all the services which might improve that child's functioning.

While there are valid concerns and reasons for not utilizing specific handicapping labels for young children, some problems can be encountered with this practice. These problems mostly arise once a child reaches the age of five or six and enters kindergarten (or other age appropriate program).

In order to receive special education services beyond the preschool years, children attending public schools must be labeled with specific handicapping conditions. When parents have only heard terms such as "delayed," they face a terrible shock when confronted with more specific labels. In many instances, these parents have never been told the actual severity of their child's functioning level, or predictions for what labels may need to be applied once the child enters school. Despite the fact the parents may have been involved with the special education of this child for one to five years, they are not prepared to face the reality of more severe labels. In turn, they refuse placements and labels which would be appropriate for their child, seek second and third outside diagnostic impressions, and sometimes form adverse relationships with school officials. If not these outward actions, these parents, at a minimum face a delayed source of grief and loss, may become tearful at meetings, and feel deceived in some way.

In order to prevent these problems, some specific information needs to be added to the terms "at risk" and "developmentally delayed." An advisable practice for those involved in the identification of young handicapped children would be to tell parents that because their child is so young, a specific label does not have to be given. The most accurate label that would fit the child's current state could be added with the explanation that if a label had to be assigned, that's what it would be. Parents should also be told that once a child reaches kindergarten age, a specific label will need to be given if the child is still having learning problems and still needs special help.

By communicating this type of information to parents, they will be better prepared to face eligibility meetings when their child is ready to begin kindergarten programs. Hopefully, with early interventions, their child will no longer be delayed or handicapped when they turn five. If they must be labeled; however, parents who have been prepared to hear the label will be more receptive to services offered by school professionals.

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Implications of P.L. 99-457 for the Educational Diagnostician: Some Issues and Concerns

Ronald L. Taylor and Stephen B. Richards
Florida Atlantic University

Public Law 99-457 has had, and will continue to have, a major impact on the field of special education. Among the components of P.L. 99-457 that will have an impact is the requirement that handicapped infants and toddlers or those considered "at-risk" be identified and served. In addition, P.L. 99-457 provides incentive grants for identifying and providing services to preschool handicapped children ages 3-5 years.

Educational diagnosticians, who will play a significant role in the early identification of preschool children with mild handicaps, is one group of professionals that are particularly affected by this legislation. Early identification is difficult for a number of reasons including problems in detecting mild handicaps at an early age, basic concerns of assessing young children, and the limitations in the number and types of assessment instruments available.

Several researchers have noted that mild disabilities that typically are associated with deficits in school achievement (e.g., learning disabilities), are difficult to screen for and assess in young children. Typically, diagnosis of mild disabilities relies on comparing children's school achievement to their peer's achievement or to normative samples. Other investigators have noted that when young children are being assessed, the focus must necessarily shift down to skills more and more remote from the related academic task that would be taught at school age. This compounds the difficulties associated with early identification.

Another issue in early identification has to do with the typical characteristics of young children that have implications for assessment. For example, young children might be distractable, easily fatigued, restless, shy, and dependent. These behaviors can affect test results and must be considered when interpreting test results. In addition, the diagnostician may find that young children lack adequate skills, have poor attention span, and become noncompliant during assessment.

Lidz (1983) noted three questions that must be addressed before assessing

young children:
1. Should the preschooler receive assessment?
2. What are the appropriate targets of the assessment?
3. What are the appropriate components of the optimal assessment?

Assuming that the answers to these questions in some way indicate that tests will be used, the issue of the appropriateness of the tests themselves becomes important. There has been some concern raised regarding the reliability and predictive validity of instruments used for assessing young children. In addition, the available research data about the accuracy of many of these instruments to identify problems in young children is somewhat equivocal. Certainly, the new emphasis on early identification has resulted in a scrutiny of tests available for use in assessing this population.

Recently, old instruments (e.g., the Gesell School Readiness Test) have resurfaced while the uses of relatively new instruments (e.g., the Battelle Developmental Inventory, Miller Assessment for Preschoolers) have been considered. In addition, tests such as the Boehm Test of Basic Concepts have been revised. Still other instruments such as the Metropolitan Readiness Test and Denver Development Test are being more widely used, or at least used for different purposes. The tests described below are a very brief sampling of those that are available for young children. These tests represent the diverse types of instruments that are available to assist in the early identification of handicapped or "at risk" children.

Name: Battelle Developmental Inventory
Authors: Newborg, Stock, Wnek, Giubaldi, & Svinicki (1984)
Age Range: Birth-8 years
Areas Covered: Personal-Social, Adaptive, Motor, Communication, and Cognitive
Comments: Well Constructed, adequate technical characteristics, provides profile of developmental strengths and weaknesses

Name: Denver Developmental Screening Test
Authors: Frankenburg, Dodds, Fandal, Kazuk, & Cohrs (1975)
Age Range: Birth-6 years
Areas Measured: Personal-Social, Fine-Motor/Adaptive, Language, Gross-Motor
Comments: Limited technical characteristics, much shorter versions of the test are available for screening

Name: Developmental Indicators for the Assessment of Learning-Revised
Authors: Mardell-Czudnowski & Goldenberg (1983)
Age Level: 2-6 years
Areas Measured: Language, Concepts, Motor Skills
Comments: Quick to administer, more technical information needed

Name: Basic School Skills Inventory
Authors: Hammill & Leigh (1983)
Age Level: 4-7 1/2 years
Areas Measured: Daily Living Skills, Spoken Language, Reading Readiness, Writing Readiness, Math Readiness, and Classroom Behavior
Comments: Limited technical characteristics, unclear scoring criteria

Name: Boehm Test of Basic Concepts-Revised
Author: Boehn (1986)
Age Level: Preschool-Grade 2
Areas Measured: Concepts of space, quantity, and time
Comments: Best used informally, has separate preschool version

Name: Bracken Basic Concept Scale
Author: Bracken (1984)
Age Level: 2 1/2 - 8 years

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Issues cont. from p. 1

the need to look beyond the downward extension of traditional methods in order to answer relevant questions about this challenging population.

One salient question for assessment of school-aged children is whether the student meets eligibility criteria for any of the handicapping conditions as specified by PL 94-142. As early intervention programs have less emphasis on labeling children in order to receive funding, the assessment questions for infants are different. The basic goal of educational assessment for infants is to provide information that enables professionals to plan and carry out meaningful programs for infants and their families. The relevant questions can be different for each family. These questions cross traditional disciplines and can include many ecological and medical issues as well as more typical developmental questions. Because of the broad scope of assessment questions, the published sources state that interdisciplinary team assessment as the best way to address many issues. For example, assessment for an infant with Down Syndrome who has a congenital heart defect requiring open heart surgery during infancy; serious feeding problems and has a sixteen year-old single mother might include professionals from medicine, education, occupational, physical and speech therapy, and social work. The following questions might be asked: (1) What types of information are needed on this particular child? How much data can be considered sufficient evidence of ability or disability in a specific area (Peterson, 1987); and (2) What are the medical priorities? What are the developmental priorities? What are the mother's priorities? How can the answers to these questions be integrated into a comprehensive, safe program of intervention for this infant? These might lead to recommendations related to handling limitations, signs of

stress, specific positioning and feeding techniques to try for this infant, referral to community resources (respite care, etc..), and training in child development or care procedures for the mother. Objectives which are more educational in nature such as developing eye contact and attention to auditory and visual stimuli might be recommended for implementation after the feeding/weight gain priority and recovery from heart surgery are handled.

Stability and continuity during infancy

A second issue to consider in infant assessment is lack of stability and continuity in development during the early childhood years (Dunst, 1981). The extent to which assessment instruments measuring intelligence maintain stability over time has been heavily researched (Wohlwill, 1980). In general, the younger the child at the first testing, and the longer the period between testings, the lower the stability of the test results (Honzik, 1973, p.647). Attempts to use infant/ early preschool IQ scores to predict later academic or social development have met with limited success. Dunst (1981) states that considerably better results have been found when such studies used mentally retarded subjects. It seems that the more severely retarded the subjects were, the more stable the scores were and therefore, the more predictive. There is some indication that it may be possible to predict level of functioning (i.e., mild, moderate, or severe retardation) from early testing. Caution must be taken when using this approach because the empirical basis is limited. It is extremely important that both assessment professionals and consumers be aware of these facts. Both instability and discontinuity indicate the necessity of repeated testing before coming to conclusions.

Researchers have attempted to examine the long-term effects of a variety of biological factors to determine if any are predictive of later developmental outcome. Infants with low birth weight and certain disease conditions have been followed longitudinally. Unfortunately much of this research utilizes very small samples due to the low incidence and follow-up difficulty. In addition, most of the longitudinal studies of high risk newborns do not include control groups making it statistically difficult to prove causative relationships. It may be that there are groups of variables which are more predictive when examined together, but at this point the research has not been able to isolate such groups.

Effect of fragile medical condition on assessment

The impact of fragile medical conditions on the assessment of infants is particularly problematic. Many of the developmentally delayed infants referred to intervention programs have a history of extreme prematurity (i.e., gestational age from 23-38 weeks) or extreme low birth weight (i.e., birth weight under 1,000 gms.). As a result of low birth weight or prematurity these infants spend long periods in neonatal intensive care units and suffer from a variety of diseases common to small newborns.

Teams assessing these infants have a number of perplexing questions to consider: (1) What is "normal" development for an infant born early in gestation, critically ill and in the neonatal intensive care environment? There is little precedent for predicting outcome for most of these infants because medical science has only recently perfected the technology necessary for survival.

Another common occurrence in small infants is "catch-up growth". These babies often have a period of rapid physical and neurological growth from one year to two and one-half years occurring after the infant has been medically stable for a time. Repeated testing is indicated in order to be sure that results are reliable and valid.

Assessors need to be cognizant of the fact that many medical conditions seen in infants may be responsible for lags in growth and development. Metabolic acidosis, congenital heart disease, and Hirschsprongs disease are examples of conditions that impact growth.

Limited response patterns available

Infants are difficult to assess because they have limited response patterns. The examiner must look for responses to the environment and consistent gestures to indicate understanding, response or desire. In infants with motor delays or abnormalities, even these responses may be subtle. It may be necessary for an assessment team to first normalize the muscle tone of a child through positioning or exercise before assessment.

As infants tire easily, exhaustion plays a big factor in assessment. Short alert periods are the norm for infants. Alert periods are even shorter in infants delayed due to early illness.

Summary

A number of issues which affect infant assessment have been discussed. The focus of assessment is different for infants. Frequently priorities cross traditional disciplines, making assessment by an interdisciplinary team a necessity. Repeated testing (monitoring) over time is also necessary to determine problem areas because of the instability and discontinuity characteristic of early development. Neither intelligence tests and biological risk factors have proven to be good predictive measures of later development.

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Assessment of Preschoolers

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Issues and Roles for the Educational Diagnosticians

(1) Should not our university training programs become the leader in offering coursework on the assessment of preschool children?

(2) Should CEDS take a leadership roll in retooling many practitioners who conduct preschool assessment but may not have the training to do so?

(3) Should the university training programs offer a concentration in early childhood assessment which would teach our practitioners the differences between good and bad psychometric instruments and assessment practices (examiners should have solid measurement skills)?

(4) Should CEDS and its membership become a leading force in providing research data on instruments used at the preschool level such as prediction, norming adequacy, ceiling and limited floor, reliability, item difficulty and program/intervention decisions and decisions regarding placement (categorical versus noncategorical)?

Some of the issues and possible role functions facing the CEDS Council for Educational Diagnostic Services perhaps might lie in a bigger arena as suggested by McLoughlin (1985): is quality preparation of assessment personnel a realizable goal? This is especially germane in light of the current laws mandating assessment from the early years to the twenties. Can we as an organization help to establish training programs of an innovative nature that could perhaps improve the assessment procedure and practices for those involved in the testing of preschoolers?

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Issues

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The impact of newborn illness must be considered by assessors because it effects stamina and alertness during testing. Examiners should make themselves familiar with ways to bring infants to an alert state and also with signs of stress in the infant. Several short testing sessions will get a better response than one longer session in most cases.

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Implications

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Areas Measured: Concepts in 11 areas including color, quantity, and size
Comments: Well constructed, potentially useful basic concept scale

Name: Miller Assessment for Preschoolers
Author: Miller (1982)
Age Level: 2 1/2 - 6 years
Areas Measured: Foundations (neuromaturation), Coordination, Verbal, Nonverbal, Complex Tasks

The types, purposes, and technical characteristics of testing instruments, basic concerns of assessing young children, and specifically the identification of milder handicaps are only a few of the many concerns generated by the mandate of P.L. 99-457. Diagnosticians and researchers should address these and other issues and concerns to ensure that valid early identification is achieved resulting in prescriptions for effective educational interventions.

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Due to the length of the Newsletter, references were omitted. Contact authors for complete lists.

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